

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for date of service, 10/12/01.
b. The request was received on 06/18/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. Initial TWCC 60 and Letter Requesting Medical Dispute Resolution
 1. EOB/Retrospective Review
 2. HCFA-1500
 3. Medical documentation
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome
2. Respondent, Exhibit II:

There is no Carrier initial or 14 day response to this medical fee dispute in the case file. The Division mailed an acknowledgement letter to the carrier on 07/03/02 reporting that the request for medical dispute resolution had been filed.
3. The case file does not contain the additional information that was requested from the provider on 07/15/02 as required by Rule 133.307 (g) (3). The carrier should have received a copy of the request for additional information mailed to the provider on 07/15/02. Without the provider's submission of additional information, the carrier is unable to submit a 14 day response.

III. PARTIES' POSITIONS

1. Requestor: Undated Letter
"Please help with the dispute resolution of CPT code 64450-59... This procedure was done at the request of the surgeon, M.D., for post-operative pain control."
2. Respondent: No Response

IV. FINDINGS

1. Based on Commission Rule 133.307 (d) (1&2), the only date of service eligible for review is 10/12/01.

2. The amount billed per the TWCC-60 is \$250.00; the amount paid per the TWCC-60 is \$0.00; the amount in dispute per the TWCC-60 is \$250.00.
3. The carrier denied the billed services by code, "G – REIMBURSEMENT FOR THIS PROCEDURE IS INCLUDED IN THE BASIC ALLOWANCE OF ANOTHER PROCEDURE." The Retrospective review dated 11/29/01 states, "Continue to deny nerve block as global to the anesthesia for the procedure performed. Per anesthesia ground rule, the basic value includes the pre-operative visits, post-operative visits, and the anesthesia care during the duration of the procedure."
4. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
10/12/01	64450	\$250.00	\$0.00	G	\$61.00	133.1 (E); Rule 133.307 (g) (3), (B), (C); CPT descriptor	Required reports shall include legible supporting documentation. The anesthesia report submitted by the provider is illegible. The provider failed to submit two copies of additional information relevant to the fee dispute as requested by the Division on 07/15/02, thus failing to submit a copy of the procedural report for dos 10/12/01. When determining whether or not reimbursement is warranted, the Medical Review Division must first determine that the service was rendered as billed. After review of the dispute file, no documentation of the procedure for dos 10/12/01 was found to support the service was rendered as billed. No reimbursement is recommended.
Totals		\$250.00	\$0.00				The Requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 19th day of November 2002.

Donna M. Myers
Medical Dispute Resolution Officer
Medical Review Division

DMM/dmm